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## **REQUEST FOR WITHDRAWAL AS ATTORNEY OR AGENT AND CHANGE OF CORRESPONDENCE ADDRESS**

Application Number	09/939,306			
Filing Date	August 24, 2001			
First Named Inventor	Thomas LEMMONS			
Art Unit	3714			
Examiner Name	W. McCulloch			
Attorney Docket Number	577172000300			

U. R: 40	andolph B 01 Dulany	and Trademark Office uilding Street					•			
Alexandria. Virginia 22314  Please withdraw me as attorney or agent for the above identified patent application, and										
all	all the attorneys/agents of record.									
the attorneys/agents (with registration numbers) listed on the attached paper(s), or										
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NOTE: This box can only be checked when the power of attorney of record in the application is to all the practitioners associated with a customer number.										
The reasons for this request are:										
Attorneys of record have been discharged by the client in accordance with 37 CFR § 10.40(b)4.										
CORRESPONDENCE ADDRESS										
The correspondence address is NOT affected by this withdrawal.										
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NOTE: Withdrawal is effective when approved rather than when received. Unless there are at least 30 days between approval of withdrawal and the expiration date of a time period for response or possible extension period, the request to withdraw is normally disapproved.										